

SIGNATURE PAGE

CC-11-2027

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: DECLARATIONS, INC
(PRINT)

Preparer's Name: JAMES MARHOLD DATA/DSA
(PRINT)

Signature: [Signature] 10/5/26
(DATE)

Address: 100 WILLOW BROOK RD SUITE 210
FREEDHOLD NJ 07728

Telephone No.: 732 792 6890

Fax No.: 732 792 6987

E-Mail Address: JMARHOLD@DECLARATIONSINC.ORG
*** (This should be the email where Contracts would be sent) ***

Contact Person: JAMES MARHOLD

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

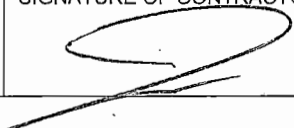
(Revised 2/2017)

APPLICATION FOR FUNDS

COMMUNITY BASED SERVICE COORDINATION AND NAVIGATION

1. Name of Contractor DECLARATIONS, INC.				
2. Street Address 100 WILLOW BROOK RD SUITE 210 FRESHWOLD NJ 07728		City	County	State Zip Code
3. Name and Title of Fiscal Contact JAMES MARHOLD OHA/OBA - PRESIDENT			Telephone No. 732 792 6990	
4. Name and Title of Director SHAUNA FONTENELLI - CLINICAL DIR			Telephone No. 732 792 6990	
5. Name and Title of Program Manager JENNIFER HODGE - ASST DIR			Telephone No. 732 792 6990	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations, if Applicable	
7. Location of Proposed Project 100 WILLOW BROOK RD STE 210 FRESHWOLD NJ 07728		City	County	State Zip Code
8. Total Proposed Level of Service in 2023/2024 3240 hrs		9. Unit of Service Cost in 2023/2024 \$92.59/hr		
10. Type of Agency (check one) ☒ PRIVATE NON-PROFIT ☐ GOVERNMENT ☐ HOSPITAL ☐ Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System? ☐ YES ☐ NO ☒ N/A		12. Affirmative Action Plan ☒ YES ☐ NO		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? ☐ YES ☒ NO
COST OF PROJECT				
14. Total Funds Requested \$300,000				

Certification: The undersigned assures, declares, and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants which include provisions described in the grant application. In addition, the undersigned gives permission to the Department of Human Services to contact State, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the organization's budget and fiscal audit.

NAME AND TITLE OF CONTRACTOR (Print) JAMES MARHOLD PRESIDENT/CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 10/5/26
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